■ Texas Birth Defects ■

MONITOR

A Semi-Annual Data and Research Update

Texas Department of Health, Bureau of Epidemiology

VOLUME 9, NUMBER 1, June 2003

FROM THE DIRECTOR

The 78th Legislature Regular Session ended on June 2, 2003. This was an exciting session for birth defects monitoring in Texas in significant ways. Besides the all-important appropriations, several bills were debated that affect our program and our customers, either directly or indirectly.

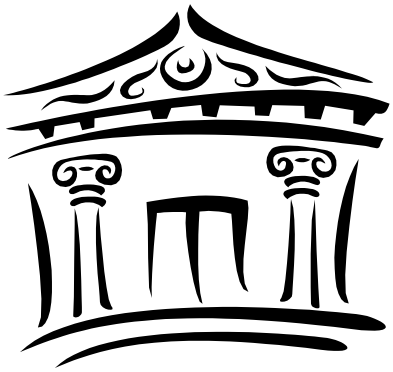
REVISED BIRTH DEFECTS LAW: First, House Bill 1097 was authored by Jaime Capelo (Corpus Christi). This bill, the first time that our enabling legislation has been changed since its initial passage in 1993, amends Section 87.021(a), Health and Safety Code, to clarify that birth defects surveillance in Texas is mandated. This required a one-word change, from "may" to "shall". It now reads:

> *The board shall establish in the department a program to*
>
> *1. identify and investigate certain birth defects in children; and*
>
> *2. maintain a central registry of cases of birth defects.*

The bill also states:

> *"In addition to providing for the active collection of birth defects information under Subsection (c)(7), the board and the department may design the program to also provide for the passive collection of that information."*

which will allow us to collect information by alternate means when necessary or appropriate.



On June 20, the Governor signed this bill into law.

Other bills of note:

H.B. 2971: Sec. 504.651. Directs the Department of Transportation to issue specialty license plates that include the words "March of Dimes." After deduction of the department's administrative costs, the remainder of the fee for issuance of the license plates will be deposited to the credit of the Texas Department of Health for use in the Birth Defects Registry.

S.B. 474 establishes an interim study on nutrition and health in public schools. A joint interim committee has been established to hold hearings throughout the state to determine the nutritional content and quality of food served to public school children; to evaluate the impact of obesity in public school children; to assess the value of a universal breakfast and lunch program; and to evaluate school contracts relating to competitive food products and vending machines. Because obesity and glycemic control appear to be risk factors for several types of birth defects, improvements in these conditions among the Texas population could be of significance to the health of future children born to this population. A report is due to the Governor on October 1, 2004.

In the fiscal arena, we are glad that the Texas Birth Defects Monitoring Division will be able to provide continuous, statewide surveillance in the coming years under the current Texas Department of Health budget.

I have been particularly impressed with the interest, dedication and knowledge of our many stakeholders in the past six months. Supporters from the March of Dimes, universities, and various other groups, as well as private individuals, served as well-informed witnesses at crucial points during the legislative session.

WHAT'S INSIDE

Texas Center for Birth Defects Research and Prevention

New name! (Formerly the Texas Birth Defects Research Center):

Birth Defects and the Environment: Is There a Link?

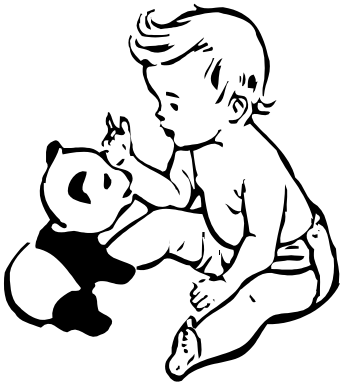
The following studies have been approved or are ongoing through the Texas Center for Birth Defects Research and Prevention:

- Residential Proximity to Environmental Hazards and Congenital Malformations in Offspring
- Linking Geographic Water Utility Data with Study Participant Residences from the National Birth Defects Prevention Study
- Insecticide Exposures and Genitourinary Malformations
- Seven-County Study of Air Quality and Birth Defects.

For more information on these studies, contact Peter Langlois, Texas Birth Defects Monitoring Division, 512-458-7232, peter.langlois@tdh.state.tx.us.

Recently Published Manuscripts by Collaborators and Colleagues

- Waller DK, Tita AT, Werler MM, Mitchell AA. Association between prepregnancy maternal body mass index and the risk of having an infant with a congenital diaphragmatic hernia. Birth Defects Res Part A Clin Mol Teratol. 2003 Jan;67(1):73-6.
- Suarez L, Hendricks K, Felkner M, Gunter E. Maternal serum B12 levels and risk for neural tube defects in a Texas-Mexico border population. Ann Epidemiol. 2003 Feb;13(2):81-8.
- Felkner M, Suarez L, Hendricks K, Gunter EW. Blood folate levels on the Texas-Mexico border. Tex Med. 2002 Nov;98(11):58-60.
- Zhu H, Wicker NJ, Shaw GM, Lammer EJ, Hendricks K, Suarez L, Canfield M, Finnell RH. Homocysteine remethylation enzyme polymorphisms and increased risks for neural tube defects. Mol Genet Metab. 2003 Mar;78(3):216-21.
- Zhu H, Junker WM, Finnell RH, Brown S, Shaw GM, Lammer EJ, Canfield M, Hendricks K. Lack of association between ZIC2 and ZIC3 genes and the risk of neural tube defects (NTDs) in Hispanic populations. Am J Med Genet. 2003 Feb 1;116A(4):414-5.



For questions about the activities of the Texas Center for Birth Defects Research and Prevention:

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Pregnancy Interval and Birth Defects

Some studies have shown a link between short pregnancy interval (number of months between pregnancies) and certain birth defects, including neural tube defects and Down syndrome.

References:

Brender J. Down syndrome cluster in Pampa, Gray County 1985. Internal report of the Texas Department of Health (unpublished). 1986.

Jongbloet PH, Zielhuis GA, Pasker-de Jong PC. Short pregnancy interval and reproductive disorders. Ned Tijdschr Geneeskd. 2002 Aug 3;146(31):1441-3.

Smits LJ, Essed GG. Short interpregnancy intervals and unfavourable pregnancy outcome: role of folate depletion. Lancet. 2001 Dec 15;358(9298):2074-7.

The following counties had the highest percentage of live births with a pregnancy interval of less than 18 months:

County	% Preg. Interval < 18 months, 1997-2001
Texas	7.69
Dimmit	13.94
Briscoe	13.11
Knox	13.03
Madison	12.75
Frio	12.39
Brooks	12.21
Lampasas	12.05
Castro	11.65
Robertson	11.63
Floyd	11.24
Culberson	10.99
Baylor	10.94
Willacy	10.89
Terry	10.68
Deaf Smith	10.60
Foard	10.59
Newton	10.48
Dawson	10.48

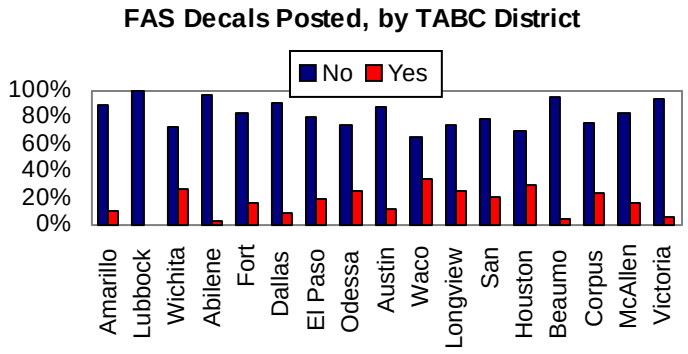
Texas Health Data, http://soupfin.tdh.state.tx.us/txhd.htm

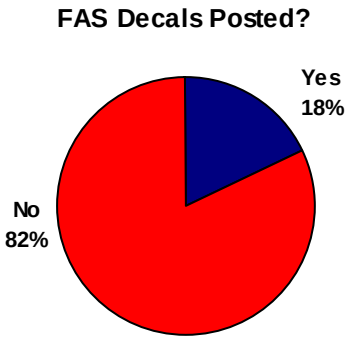
PREVENTION

Follow-up Decal Inspections: Results

As announced in the previous edition of the Texas Birth Defects Monitor, the Texas Alcoholic Beverage Commission (TABC) distributed decals during December 2002 to every business in Texas licensed to sell alcoholic beverages. The decals warn of the dangers associated with drinking alcoholic beverages during pregnancy due to the risk of birth defects. In addition an informative brochure on Fetal Alcohol Syndrome produced by the Texas Birth Defects Monitoring Division and the Texas Office for Prevention of Developmental Disabilities was sent to these establishments. Posting of the decals was entirely voluntary for the establishments.

Between April 6 and April 13, 2003, TABC staff inspected 1,510 locations throughout the state. The coverage of the decals was as follows:





Women and Alcohol Consumption

A Look at Data from the Behavioral Risk Factor Surveillance System:

Acute or Heavy Alcohol Consumption Among Women of Childbearing Age (age 18-44 and Not Pregnant), by Public Health Region (PHR), Texas BRFSS, 2001-2002 Combined

Region	Sample Size	Percent %	95% CI Lower	95% CI Upper
Texas Overall	3,398	13	12	13
Public Health Region				
1 Panhandle	154	8	7	9
2 Abilene/Wichita Falls	98	6	1	10
3 Dallas/Ft. Worth	795	13	12	14
4 Northeast Texas	163	9	6	12
5 Southeast Texas	133	14	2	25
6 Houston/Galveston	702	12	9	15
7 Austin/Temple/Waco	482	15	12	18
8 San Antonio	322	16	12	20
9 Midland/San Angelo/West Texas	101	8	7	9
10 El Paso	114	16	6	27
11 Lower Rio Grande Valley	269	12	8	17

Metropolitan Statistical Area	Sample Size	Percent %	95% CI Lower	95% CI Upper
Austin	267	17	13	20
Dallas	516	13	10	15
Fort Worth/Arlington	248	14	10	18
Houston	611	12	7	16
San Antonio	244	15	13	16

Note: Acute drinking is defined as having five or more drinks on at least one occasion during the past 30 days. Heavy drinking among women is defined as having an average of more than one drink per day.
Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2001-2002
Prepared by: Center for Health Statistics Texas Department of Health May 16, 2003

FROM THE REGISTRY

Birth Defects and the Texas/ Mexico Border

Health disparities between Texans living along the border with Mexico and those living in non-border areas have long been a concern of the Texas Department of Health, as well as those who live and work in the border counties. Environmental hazards, access to health care services, poverty, and nutrition are just a few of the variables addressed by community groups and public health practitioners seeking to minimize those disparities.

Because of the 1991 anencephaly cluster and subsequent higher rates of neural tube defects in certain border counties, birth defects in particular have been monitored closely for discrepancies among border and non-border residents.

Table 1 shows specific defect rates, stratified by mother's residence (Texas/Mexico border or non-border county) at delivery.

Using Poisson regression, seven defects showed significantly higher rates for border county residents. These were:

- Anencephaly
- Anotia/Microtia
- Ventricular Septal Defect
- Patent Ductus Arteriosus
- Coarctation of the Aorta
- Choanal Atresia or Stenosis
- Pyloric Stenosis

However, it is important to keep in mind that of these seven, five (anencephaly, anotia/microtia, ventricular septal defect, patent ductus arteriosus, and pyloric stenosis) have been found to be significantly higher in Texas among Hispanics than at least one other ethnic group when looking at data for the whole state (See Report of Birth Defects among 1999-2000 Deliveries).

Thus, since nearly 90%[1] of women age 13-49 in the 14 counties bordering Mexico are Hispanic, it is not unexpected that

1. Epigram, Texas Health Data, TDH, www.tdh.state.tx.us/discon/chronic/epigram1.htm.

TABLE 1. Prevalence of Selected Birth Defects by Border County Residence, Texas, 1999-2000

Defect	*Border County Resident*	*Cases*	*Rate**	*95% Confidence Interval for Rate*
Central Nervous System				
Anencephaly	Yes	49	5.26	3.89 - 6.95
	No	166	2.68	2.27 - 3.09
Spina bifida without anencephaly	Yes	47	5.04	3.70 - 6.70
	No	234	3.78	3.29 - 4.26
Encephalocele	Yes	11	1.18	0.59 - 2.11
	No	59	0.95	0.73 - 1.23
Microcephaly	Yes	53	5.69	4.26 - 7.44
	No	420	6.78	6.13 - 7.43
Holoprosencephaly	Yes	13	1.39	0.74 - 2.38
	No	63	1.02	0.78 - 1.30
Hydrocephaly	Yes	69	7.40	5.76 - 9.37
	No	479	7.74	7.04 - 8.43
Eye and Ear				
Anophthalmia	Yes	1	0.11	0.00 - 0.60
	No	20	0.32	0.20 - 0.50
Microphthalmia	Yes	21	2.25	1.39 - 3.44
	No	147	2.37	1.99 - 2.76
Cataract	Yes	15	1.61	0.90 - 2.65
	No	88	1.42	1.14 - 1.75
Aniridia	Yes	0	0.00	0.00 - 0.40
	No	4	0.06	0.02 - 0.17
Anotia or microtia	Yes	42	4.51	3.25 - 6.09
	No	156	2.52	2.12 - 2.91
Cardiac and Circulatory				
Common truncus	Yes	10	1.07	0.51 - 1.97
	No	45	0.73	0.53 - 0.97
Transposition of the great vessels	Yes	29	3.11	2.08 - 4.47
	No	309	4.99	4.43 - 5.55
Tetralogy of Fallot	Yes	31	3.33	2.26 - 4.72
	No	177	2.86	2.44 - 3.28
Ventricular septal defect	Yes	551	59.11	54.17 - 64.04
	No	2339	37.77	36.24 - 39.30
Atrial septal defect	Yes	342	36.69	32.80 - 40.58
	No	2359	38.09	36.56 - 39.63
Endocardial cushion defect	Yes	29	3.11	2.08 - 4.47
	No	261	4.21	3.70 - 4.73
Pulmonary valve atresia or stenosis	Yes	61	6.54	5.01 - 8.41
	No	386	6.23	5.61 - 6.86
Tricuspid valve atresia or stenosis	Yes	23	2.47	1.56 - 3.70
	No	114	1.84	1.50 - 2.18
Ebstein anomaly	Yes	11	1.18	0.59 - 2.11
	No	38	0.61	0.43 - 0.84
Aortic valve stenosis	Yes	22	2.36	1.48 - 3.57
	No	137	2.21	1.84 - 2.58
Hypoplastic left heart syndrome	Yes	22	2.36	1.48 - 3.57
	No	118	1.91	1.56 - 2.25
Patent ductus arteriosus	Yes	547	58.68	53.76 - 63.60
	No	2402	38.79	37.24 - 40.34
Coarctation of the aorta	Yes	57	6.11	4.63 - 7.92
	No	233	3.76	3.28 - 4.25

*Per 10,000 Live Births

Continued on Page 5

Continued from Page 4

these particular defects are higher along the border.

Two defects did not follow this pattern; there was no significant difference for the rate of Coarctation of the Aorta nor Choanal Atresia or Stenosis between Hispanics and non-Hispanic whites when looking at data for the whole state, and yet the rates are higher in this analysis among border residents.

Border residents had a lower rate for "Infants and Fetuses with Any Monitored Defect" than non-border residents. Hispanics had lower rates in this grouping than African Americans when looking at statewide data.

Four defects had *lower* rates among border residents:

- Transposition of the Great Vessels
- Hypospadias/Epispadias
- Obstructive Genitourinary Defect
- Bladder Exstrophy (no cases on the border)

Other than Hypospadias and Epispadias, these defects did not show a statewide pattern of lower rates among Hispanics.

Epidemiologists at the Texas Birth Defects Monitoring Division will be performing further analyses of these data in the coming months.

Important Privacy Information

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations established standards for how information that identifies an individual can be used and disclosed (Title 45, Code of Federal Regulations, Parts 160 and 164). The regulations apply to "covered entities", including health plans, health care clearinghouses, and health care providers. Questions have arisen regarding how these new rules impact disclosure of information to the Texas Birth Defects Monitoring Division (TBDMD).

HIPAA Privacy Regulations permit medical facilities to continue to disclose information to the Texas Birth Defects Monitoring Division. Section 164.512(b) of the Privacy Regulations permits disclosures of individually identifiable health information, without written authorization of the individual, to a

Defect	*Border County Resident*	*Cases*	*Rate**	*95% Confidence Interval for Rate*
Respiratory				
Choanal atresia or stenosis	Yes	19	2.04	1.23 - 3.18
	No	69	1.11	0.87 - 1.41
Agenesis, aplasia, or hypoplasia of the lung	Yes	49	5.26	3.89 - 6.95
	No	287	4.63	4.10 - 5.17
Oral Clefts				
Cleft palate alone (without cleft lip)	Yes	49	5.26	3.89 - 6.95
	No	387	6.25	5.63 - 6.87
Cleft lip with or without cleft palate	Yes	104	11.16	9.01 - 13.30
	No	656	10.59	9.78 - 11.40
Gastrointestinal				
Tracheoesophageal fistula / esophageal atresia	Yes	25	2.68	1.74 - 3.96
	No	122	1.97	1.62 - 2.32
Pyloric stenosis	Yes	210	22.53	19.48 - 25.57
	No	1150	18.57	17.50 - 19.64
Stenosis or atresia of small intestine	Yes	32	3.43	2.35 - 4.85
	No	168	2.71	2.30 - 3.12
Stenosis or atresia of large intestine, rectum, or anal canal	Yes	57	6.11	4.63 - 7.92
	No	289	4.67	4.13 - 5.20
Hirschsprung disease	Yes	8	0.86	0.37 - 1.69
	No	77	1.24	0.98 - 1.55
Biliary atresia	Yes	4	0.43	0.12 - 1.10
	No	47	0.76	0.56 - 1.01
Genitourinary				
Hypospadias or epispadias	Yes	182	19.52	16.69 - 22.36
	No	1873	30.25	28.88 - 31.62
Renal agenesis or dysgenesis	Yes	49	5.26	3.89 - 6.95
	No	313	5.05	4.49 - 5.61
Obstructive genitourinary defect	Yes	156	16.73	14.11 - 19.36
	No	1236	19.96	18.85 - 21.07
Bladder exstrophy	Yes	0	0.00	0.00 - 0.40
	No	14	0.23	0.12 - 0.38
Musculoskeletal				
Congenital hip dislocation	Yes	51	5.47	4.07 - 7.19
	No	312	5.04	4.48 - 5.60
Reduction defects of the upper limbs	Yes	32	3.43	2.35 - 4.85
	No	260	4.20	3.69 - 4.71
Reduction defects of the lower limbs	Yes	17	1.82	1.06 - 2.92
	No	116	1.87	1.53 - 2.21
Craniosynostosis	Yes	47	5.04	3.70 - 6.70
	No	226	3.65	3.17 - 4.13
Diaphragmatic hernia	Yes	24	2.57	1.65 - 3.83
	No	181	2.92	2.50 - 3.35
Omphalocele	Yes	23	2.47	1.56 - 3.70
	No	135	2.18	1.81 - 2.55
Gastroschisis	Yes	35	3.75	2.62 - 5.22
	No	244	3.94	3.45 - 4.43
Chromosomal				
Trisomy 21 (Down syndrome)	Yes	128	13.73	11.35 - 16.11
	No	723	11.68	10.82 - 12.53
Trisomy 13 (Patau syndrome)	Yes	9	0.97	0.44 - 1.83
	No	85	1.37	1.10 - 1.70
Trisomy 18 (Edwards syndrome)	Yes	20	2.15	1.31 - 3.31
	No	134	2.16	1.80 - 2.53
Other				
Fetal alcohol syndrome or other alcohol related birth defects	Yes	1	0.11	0.00 - 0.60
	No	14	0.23	0.12 - 0.38
Infants and fetuses with any monitored birth defect	Yes	3012	323.11	311.57 - 334.65
	No	21179	342.00	337.40 - 346.61

*Per 10,000 Live Births

public health authority that is authorized by law to collect or receive such information for public health activities and purposes that include disease reporting and public health surveillance. As part of the Texas Department of Health, TBDMD meets the definition of a public health authority. TBDMD is authorized by Chapter 87 of the Texas Health and Safety Code to collect birth defects information. Therefore, Section 164.512(b) of the HIPAA Privacy Regulations allows covered entities to continue to disclose individually identifiable information to the Division.

More information can be found on the Texas Department of Health web site at www.tdh.state.tx.us/hipaa/webmessage.htm. Also, a special supplemental issue of Morbidity and Mortality Weekly Report, "HIPAA Privacy Rule and Public Health: Guidance from CDC and the U.S. Department of Health and Human Services" (MMWR, Volume 52, Supplement 1, published May 2, 2003) is available at www.cdc.gov/mmwr/PDF/wk/su5201.pdf.

Reading List

Looking for the Reading List of Selected Birth Defects Research? This service is now being provided by the Publications Committee of the National Birth Defects Prevention Network and will be available at www.nbdpn.org. For a printed or email copy, please contact Bobbie Mankowski at 512-458-7232, email bobbie.mankowski@tdh.state.tx.us.

Announcements

March of Dimes Texas Chapter

Lobby Day at the State Capitol to Launch Campaign to Raise Public Awareness, Reduce Rates of Preterm Birth: On February 18, 2003, the March of Dimes Texas Chapter launched its statewide effort in a $75 million, five-year national campaign to reduce the number of babies born prematurely in the U.S. Premature birth/low birth weight is the number one cause of newborn death in Texas and can cause lifelong health problems for babies who survive.

Almost 13 percent of Texas babies (45,600) were born prematurely, or before 37 weeks gestation, in 2000 -- higher than the national average of 11.6 percent. Each week in Texas, approximately 877 babies are born preterm. In the past decade, the rate of preterm birth in Texas has increased more than 13 percent. Many of these babies have serious health problems. Those who survive may suffer lifelong consequences, from cerebral palsy and mental retardation to blindness.

"It is vital for the future well-being of babies in Texas that we take action about the problem of premature birth now", said Dr. David Smith, chairman of the March of Dimes Texas Prematurity Campaign and chancellor of the Texas Tech University System, and former Texas Health Commissioner. "For thousands of Texas families, the answers can't come soon enough."

Most Americans today are unaware of the magnitude of this health problem. In a recent March of Dimes national survey of 1,967 adults, only 35 percent of respondents identified prematurity as "very serious" or "extremely serious." In the same survey, more than 50 percent believed the rate of preterm birth is declining or about the same. The results of this survey are published in the February 2003 issue of the *American Journal of Preventive Medicine.*

In addition to the cost in human terms, prematurity imposes financial burdens on insurers, businesses and families. In 2000, hospital charges for 23,000 prematurity-related infant stays totaled $1.2 billion. The average charge was $58,000 per baby, compared to $4,300 for a typical newborn stay.

The net cost of health care for treatment of preterm newborns covered by employer health plans is approximately $4.7 billion--equivalent to approximately two percent of corporate after-tax profits.

The March of Dimes national prematurity campaign will invest $75 million over the next five years and will raise new funds to support research into the causes and treatment of prematurity. The campaign will also advocate for an increase of $10 million annually in federally funded research into the causes of prematurity.-

In 2003, the March of Dimes Texas Chapter will give $1.5 million in community grants that will address the need for increased access to health care for pregnant women and will educate women about both the warning signs of premature labor and the risk factors associated with prematurity.

Partnering with the March of Dimes in this effort are the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG) and the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). Also joining the campaign are corporate sponsors CIGNA, FedEx and the Johnson & Johnson Pediatric Institute. Media sponsors include Meredith Publishing's *American Baby Group* and *Working Mother Media*.

More than 100 March of Dimes volunteers from across Texas met with Texas lawmakers on February 18, 2003 to discuss the Foundation's public affairs priorities. For more information, visit the March of Dimes Web site at www.marchofdimes.com, its Spanish language Web site at www.nacersano.org, or call 1-888-MODIMES.

Funding Opportunities

$2 MILLION FOR RESEARCH ON THE FETAL BASIS OF ADULT DISEASE: Applications are encouraged for research on in utero exposures that do not result in obvious abnormalities but lead to increased susceptibility to disease or dysfunction later in life. Applications must focus on one of the following emphasis areas: the reproductive tract, the pulmono/cardiovascular system, the brain/nervous system, or the immune/autoimmune system. Contact Cindy Lawler, Ph.D., Scientific Program Administrator Cellular, Organ and Systems Pathobiology Branch, Division of Extramural Research and Training, National Institute of Environmental Health Sciences, (919) 316-4671, E-mail: lawler@niehs.nih.gov

ENVIRONMENTAL JUSTICE GRANT: The Office of Environmental Justice's Small Grants Program provides financial assistance to eligible community groups that are working on or plan to carry out projects to address environmental justice issues. Application Guidance for 2004 will be available at www.epa.gov/Compliance/environmental-justice/grants/ej_smgrants.html October 1st.

ROBERT WOOD JOHNSON HEALTH & SOCIETY SCHOLARS PROGRAM: The Robert Wood Johnson Health & Society Scholars Program is designed to build the nation's capacity for research, leadership and action to more effectively address the broad range of factors affecting health. The program will enable up to 18 outstanding individuals who have completed doctoral training to engage in an intensive two-year program at one of six nationally prominent universities. The next cohort of scholars will enter training in August or September of 2004, depending upon each university's academic calendar. Scholars will have access to a full range of university resources and will receive annual stipend support and financial support for research-related expenses, training workshops and travel to professional meetings. Outstanding individuals who have completed doctoral training in one of a variety of disciplines, ranging from the behavioral and social sciences to the biological and natural sciences and health professions, are eligible. Applicants are expected to have significant research experience. Past training in health-related areas is not a requirement, but applicants must clearly connect their research interests to substantive population health concerns. Application Deadline: Oct. 15, 2003 For additional information, visit Contact *The Robert Wood Johnson Health & Society Scholars Program*, Phone: (800) 734-7635, email: hss@rwjf.org, web site www.rwjf.org/programs/hss/healthSociety-Scholars.jhtml

REPRODUCTIVE TOXICITY OF PROPYLENE GLYCOL AND ETHYLENE GLYCOL: The U.S. Department of Health and Human Services, Public Health Service announces the availability of the Expert Panel Report on the Developmental and Reproductive Toxicity of Ethylene Glycol and the Expert Panel Report on the Developmental and Reproductive Toxicity of Propylene Glycol. These reports include summaries and conclusions of the expert panel's evaluation of scientific data for potential reproductive and/or developmental hazards associated with exposure to ethylene glycol and to propylene glycol, and are available electronically at http://cerhr.niehs.nih.gov or by contacting the CERHR, P.O. Box 12233, MD EC-32, Research Triangle Park, NC 27709; (919) 541-3455 or email: shelby@niehs.nih.gov. **Note:** Propylene glycol is used as industrial antifreeze and as hydraulic brake fluid. Ethylene glycol is also often found in antifreeze products. Human in utero exposure to ethylene glycol monomethyl ether has been associated with the development of congenital anomalies (El-Zein RA, et al., Arch Environ Health. 2002 Jul-Aug;57(4):371-6.)

MARCH OF DIMES RESEARCH PRIZE IN DEVELOPMENTAL BIOLOGY: Nominations of candidates are solicited for the 9th annual Research Prize in Developmental Biology to be awarded in 2004. Recommendations can be made on or before September 15, 2003. The March of Dimes Prize, consisting of a medal and $250,000, is awarded to investigators whose research has profoundly advanced the science that underlines our understanding of birth defects. For more information, contact Michael Katz, M.D., Vice President for Research, March of Dimes Birth Defects Foundation, 1275 Mamaroneck Avenue, White Plains, NY 10605. Phone: 914-997-4555. Email mkatz@marchofdimes.com. Forms are available at www.marchofdimes.com/professionals/691_1442.asp.

HB341--Parenting and Postpartum Depression

House Bill 341, Parenting and Postpartum Counseling Information requires physicians, midwives, hospitals and birthing centers who provide prenatal care to a pregnant woman during gestation or at delivery to provide each woman with a current resource list of professional organizations that provide postpartum counseling and assistance to parents. The list is to be developed and maintained by the Texas Department of Health. In addition, it must be documented in the client's chart that she received this information and the documentation must be retained for a minimum of three years. It is recommended that the information be given twice, once at the first prenatal visit and again after delivery. The resource list is available at www.tdh.state.tx.us/mch/depression. For more information on HB341 or postpartum depression, please contact Can McDermott, Prenatal Health Program, at 512-458-7796.

Management of Myelomeningocele Study (MOMS)

The National Institute of Child Health and Human Development-funded, randomized clinical trial comparing the safety and efficacy of maternal-fetal surgery for open neural tube defects to the standard postnatal repair has begun. Those interested in learning more about the trial should contact the Program Manager, Dr. Catherine Shaer at 1-866-ASK-MOMS. MOMS brochures for patients interested in the study are available in English and Spanish and can be requested by calling the MOMS toll free number above. Information can also be found at http://clinicaltrials.gov/show/NCT00060606.

CALENDAR

2003

- September 10-14: Texas Health Information Management Association Fall Meeting, Galveston. www.txhima.org/calupcoming.htm
- September 12: March of Dimes Perinatal Conference: Caring for Tomorrow's Family, Corpus Christi. Contact: Pat Mattocks, 361-855-4215
- September 30: Postpartum Depression Symposium, CME available. 6 P.M., Thompson Conference Center, University of Texas Campus, Austin. Call 877-472-1002
- October 10: Hispanic Health Summit - "Creating a Nexus for Hispanic Health: Effectively Linking Research, Public Awareness, Advocacy and Health Policy", Rice University, Houston. Contact: Alec Soto, 713-933-7000, email: asoto@asaresource.com
- October 11-15: 59th Annual Meeting of the American Society for Reproductive Medicine, San Antonio. Contact: 205-978-5000, Email asrm@asrm.org. Web site: www.asrm.org.
- Oct. 25-26 The ARC Training: Reaching Out to Siblings, Fathers and Grandparents, Sibling Support Project. Grapevine, TX. Contact: 972-724-2600.
- December 5: Texas Association of Women's Health, Obstetric, and Neonatal Nurses. Arlington. Ginny Gil, 817-878-5008.

2004

- January 21-24: National Birth Defects Prevention Network 7th Annual Meeting, Salt Lake City, Utah. Contact: Marcia Feldkamp (801) 584-8443, email: mfeldkamp@utah.gov. Web site: www.nbdpn.org
- April 15-18: Texas Genetics Society 31st Annual Meeting, South Padre Island. Contact: 979-862-4775, email jderr@cvm.tamu.edu
- June 3-6: Texas Health Information Management Association Annual Convention, Houston www.txhima.org/calupcoming.htm

To be added to our mailing list and for other free publications from the Division, please contact us at 512-458-7232 or e-mail bobbie.mankowski@ tdh.state.tx.us.

MORE INFORMATION CAN BE FOUND AT WWW.TDH.STATE.TX.US/TBDMD/INDEX.HTM .

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